

APPENDIX A: CALIBRATION/MAINTENANCE/REPAIR FORM	Page 1 of 1
QUALITY ASSURANCE PROGRAM DNA TYPING OF BIOLOGICAL MATERIALS FORENSIC BIOLOGY SECTION PROCEDURE MANUAL, SECTION VI	Issue No.: 3
	Effective Date: 11-January-2005
APPENDIX A	
CHECK HERE IF REPAIR OR UNSCHEDULED MAINTENANCE _____	
<u>EQUIPMENT CALIBRATION/MAINTENANCE/REPAIR FORM</u>	
EQUIPMENT: _____	
DFS #: _____	SERIAL #: _____
DATE OF INSTALLATION: _____	
<u>DESCRIPTION OF WORK PERFORMED:</u>	
(IF REPAIR OR UNSCHEDULED MAINTENANCE, DESCRIPTION OF MALFUNCTION:)	
<u>TIME REQUIRED:</u>	
<u>COST OF REPLACEMENT PARTS:</u>	
<u>EMPLOYEE OR REPAIR PERSON'S NAME AND TITLE:</u> _____	
<u>SIGNATURE AND DATE:</u> _____	